

2005/2006
Annual Firm Registration

Answer the questions below or give to your Firm Representative to complete.
Only one form per Firm should be submitted. Please see instructions.

1. PUBLIC ACCOUNTING FIRM (Main Branch-attach a list of additional sites if any)

Firm Name: _____

Address: _____

City, State, Zip: _____

Phone: (_____) _____ Fax: (_____) _____

____ Sole Proprietorship ____ Corporation ____ Partnership ____ LLC ____ PLLC

2. PUBLIC ACCOUNTING SERVICES PERFORMED IN IDAHO OR FOR IDAHO CLIENTS

A. _____ Taxes and/or _____ Financial Statements without Reports, using Idaho's Safe Harbor Language
Your Firm is exempt from Peer Review and the Firm Registration Fee. Complete questions #5 and 7, sign and return.

B. _____ Audits _____ Reviews _____ Compilations _____ Taxes _____ Other _____
Your Firm is required to undergo Peer Review. Answer the following questions, sign and return with Registration Fee.

If your Firm changed the scope of services performed in the last 12 months, please explain:

Stopped performing work that requires a Peer Review? Enter date stopped: _____

Started performing work that requires a Peer Review? Enter date of initial report: _____

Other _____

3. ADMINISTERING ORGANIZATION

____ AICPA-CPCAF (Center for Public Company Audit Firms)
____ AICPA review by a State CPA society. List the Society _____
____ National Society of Accountants

4. PEER REVIEW DOCUMENTS

Attach copies of the following four documents from your Firm's most recent Peer Review (unless previously sent to the Board Office.)

1. _____ Peer Review Report dated _____ (mm/dd/yyyy)
2. _____ Letter of Comments, if any *Level of Review:* ____ System ____ Engagement ____ Report
3. _____ Letter of Response, if any *Results of Review:* ____ Unmodified ____ Modified ____ Adverse
4. _____ Final Acceptance Letter or _____ Conditional Acceptance Letter*

*If follow up is required, date requirements must be completed: _____ (Send Final Acceptance Letter to ISBA within 30 days of receipt)

If your Firm has not yet undergone a Peer Review, please explain: _____

Date review scheduled: _____

5. LIST ALL IDAHO LICENSEES IN YOUR FIRM Attach additional sheets as necessary

- | | | |
|---|-----------|---------|
| 1. _____ | _____ | \$25 |
| Licensee Name of Primary Partner/ Owner | License # | |
| 2. _____ | _____ | Add \$5 |
| Licensee Name | License # | |
| 3. _____ | _____ | Add \$5 |
| Licensee Name | License # | |
| 4. _____ | _____ | Add \$5 |
| Licensee Name | License # | |
| 5. _____ | _____ | Add \$5 |
| Licensee Name | License # | |

6. FIRM REGISTRATION FEE **** Please Note**** Only Firms subject to Peer Review pay the Registration Fee

To calculate your Firm Registration Fee:

\$25 for a Firm with one Licensee (Main Branch only, no fee for additional sites)	=	\$25
Plus \$5 for each additional Licensee Listed \$5 x _____ Additional Licensees Listed	=	\$_____
TOTAL		\$_____
		(Maximum Fee \$200 per Firm)

7. LIST ALL NON-LICENSEE OWNERS OF YOUR CPA/LPA FIRM, IF ANY

- | | |
|----------|--------|
| 1. _____ | No Fee |
| Name | |
| 2. _____ | No Fee |
| Name | |

PLEASE SIGN BELOW AND SUBMIT WITH APPROPRIATE DOCUMENTS & FEE TO THE BOARD OFFICE**Failure to file the form by September 30, 2005 will result in a \$100 per licensee penalty**

I declare that this information is true and correct, to the best of my ability.

I understand that furnishing false information or failing to disclose material information regarding Firm Registration and Peer Review program are grounds for refusal to issue a license and/or revocation of an issued license.

Signature: _____ **Date:** _____
Licensee or Firm Representative
Phone: _____**E-Mail:** _____

Revised April 2006

Please insure you are using the most current version of all forms – forms are available at our web site isba.idaho.gov